

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

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| 1 File Number U <input type="text" value="15486"/>   | 2 Fiscal Year Covered From<br><input type="text" value="1"/> / <input type="text" value="1"/> / <input type="text" value="2004"/> Through <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2004"/>  |
| 3 Name and address of person filing<br>Name <input type="text" value="James"/> <input type="text" value="E"/> <input type="text" value="Hildebrand"/><br><br>P O Box Bldg Room No if any <input type="text"/><br><br>Street <input type="text" value="5425 Riveredge Drive"/><br><br>City <input type="text" value="Titusville"/><br><br>State <input type="text" value="Florida"/> ZIP Code + 4 <input type="text" value="32780-7301"/> | 4 Name file number and address of labor organization<br>Name <input type="text" value="UA Plumbers &amp; Pipefitters Local Union 295"/><br><br>Labor Organization File Number <input type="text" value="039 008"/><br><br>P O Box Building and Room Number if any <input type="text"/><br><br>Street <input type="text" value="743 North Beach Street"/><br><br>City <input type="text" value="Daytona Beach"/><br><br>State <input type="text" value="Florida"/> ZIP Code + 4 <input type="text" value="32114 2279"/> |
| 5 Position in labor organization <input type="text" value="Employee"/>   |  |

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

|   |  |
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| A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent  |  |
| 6 Name and address of Employer (including trade name if any)<br>Name <input type="text"/><br><br>Trade Name if any <input type="text"/><br><br>P O Box Bldg Room No if any <input type="text"/><br><br>Street <input type="text"/><br><br>City <input type="text"/><br><br>State <input type="text"/> ZIP Code + 4 <input type="text"/> | 7 a Nature of Interest Transaction or Income<br><input type="text"/><br><br>7 b Amount<br><input type="text" value="\$0"/> |

### Signature

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| 15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions) |  |   |
| Signed   | On <input type="text" value="7/7/2005"/><br>Date | <input type="text" value="321 269 8419"/><br>Telephone Number |

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|---|----------------------|
| Name of Person Filing <b>James Hildebrand</b> | File Number <b>U</b> |
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**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

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| <b>8 Name and address of Business (including trade name if any)</b><br><br>Name <input style="width: 90%;" type="text" value="United Members Insurance"/><br><br>Trade Name if any <input style="width: 90%;" type="text"/><br><br>P O Box Bldg Room No if any <input style="width: 90%;" type="text"/><br><br>Street <input style="width: 90%;" type="text" value="324 Dale Mabry Highway Suite 300"/><br><br>City <input style="width: 90%;" type="text" value="Tampa"/><br><br>State <input style="width: 20%;" type="text" value="Florida"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="33609-1267"/> | <b>9 Business deals with</b><br><br><input checked="" type="checkbox"/> a Labor Organization<br><br><input type="checkbox"/> b Trust<br><br><input type="checkbox"/> c Employer  |
| <b>10 If 9 b or 9 c is checked give trust or employer's name</b><br><br>Name <input style="width: 90%;" type="text"/><br><br>Trade Name if any <input style="width: 90%;" type="text"/><br><br>P O Box Bldg Room No if any <input style="width: 90%;" type="text"/><br><br>Street <input style="width: 90%;" type="text"/><br><br>City <input style="width: 90%;" type="text"/><br><br>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>   | <b>11 a Nature of such dealing</b><br><div style="border: 1px solid black; padding: 5px; min-height: 80px;">Insurance agency for Local Unions</div><br><br><b>11 b Approximate dollar value of such dealing</b> <input style="width: 100px;" type="text" value="\$5 000"/><br><br><b>12 a Nature of interest held or income received</b><br><div style="border: 1px solid black; padding: 5px; min-height: 80px;">Received luncheon at meeting with insurance agency staff</div><br><br><b>12 b Amount</b> <input style="width: 100px;" type="text" value="\$25"/> |

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| <b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b>   |   |
| <b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b><br><br>Name <input style="width: 90%;" type="text"/><br><br>Trade Name if any <input style="width: 90%;" type="text"/><br><br>P O Box Bldg Room No if any <input style="width: 90%;" type="text"/><br><br>Street <input style="width: 90%;" type="text"/><br><br>City <input style="width: 90%;" type="text"/><br><br>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/> | <b>14 a Nature of payment.</b><br><div style="border: 1px solid black; height: 150px;"></div> |
| <b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>   | <b>14 b Amount of payment</b> <input style="width: 100px;" type="text"/>                      |

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| Name of Person Filing James Hildebrand | File Number U |
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**Part B Continuation Page**

**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

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| <p><b>8 Name and address of Business (including trade name if any)</b></p> <p>Name <input type="text" value="Joint Apprentice Education Fund"/></p> <p>Trade Name if any <input type="text"/></p> <p>P O Box Bldg Room No if any <input type="text"/></p> <p>Street <input type="text" value="743 North Beach Street"/></p> <p>City <input type="text" value="Daytona Beach"/></p> <p>State <input type="text" value="FL"/> ZIP Code + 4 <input type="text" value="32114-2279"/></p> | <p><b>9 Business deals with</b></p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>   |
| <p><b>10 If 9 b or 9 c. is checked give trust or employer's name</b></p> <p>Name <input type="text"/></p> <p>Trade Name if any <input type="text"/></p> <p>P O Box Bldg Room No if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>  | <p><b>11 a Nature of such dealing</b></p> <div style="border: 1px solid black; padding: 5px;"> Leases an employee from UA Plumbers &amp; Pipefitters<br/>Local Union 295 </div> <p><b>11 b Approximate dollar value of such dealing</b> <input type="text" value="\$34 000"/></p> <p><b>12 a Nature of interest held or income received</b></p> <div style="border: 1px solid black; padding: 5px;"> Cash advance to North American Pipetrades<br/>conference in Hollywood Florida </div> <p><b>12 b Amount</b> <input type="text" value="\$500"/></p> |

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| Name of Person Filing James Hildebrand | File Number U |
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Part B Continuation Page

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| <b>8 Name and address of Business (including trade name if any)</b><br>Name Joint Apprentice Education Fund<br>Trade Name if any<br>P O Box Bldg Room No if any<br>Street 743 North Beach Street<br>City Daytona Beach<br>State FL ZIP Code + 4 32114 2279 | <b>9 Business deals with</b><br><input checked="" type="checkbox"/> a Labor Organization<br><input type="checkbox"/> b Trust<br><input type="checkbox"/> c Employer  |
| <b>10 If 9 b or 9 c is checked give trust or employer's name</b><br>Name<br>Trade Name if any<br>P O Box Bldg Room No if any<br>Street<br>City<br>State ZIP Code + 4   | <b>11 a Nature of such dealing</b><br>Leases an employee from UA Plumbers & Pipefitters Local Union 295<br><br><b>11 b Approximate dollar value of such dealing</b> \$34 000<br><b>12 a Nature of interest held or income received</b><br>Reimburse excess delegate expenses for Michigan Instructor Training School<br><br><b>12 b Amount</b> \$196 |

Name of Person Filing James Hildebrand

File Number U

## Part B Continuation Page

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## 8 Name and address of Business (including trade name if any)

Name Joint Apprentice Education Fund

Trade Name if any

P O Box Bldg Room No if any

Street 743 North Beach Street

City Daytona Beach

State FL ZIP Code + 4 32114 2279

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c. is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

## 11 a Nature of such dealing

Leases an employee from UA Plumbers & Pipefitters  
Local Union 295

## 11 b Approximate dollar value of such dealing

\$34 000

## 12 a Nature of interest held or income received

Cash advance for attendance at Michigan Instructors  
Training School

## 12 b Amount

\$300

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| Name of Person Filing James Hildebrand | File Number U |
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Part B Continuation Page

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| <b>8 Name and address of Business (including trade name if any)</b><br>Name Joint Apprentice Education Fund<br>Trade Name if any<br>P O Box Bldg Room No if any<br>Street 743 North Beach Street<br>City Daytona Beach<br>State FL ZIP Code + 4 32114 2279 | <b>9 Business deals with</b><br><input checked="" type="checkbox"/> a Labor Organization<br><input type="checkbox"/> b Trust<br><input type="checkbox"/> c Employer   |
| <b>10 If 9 b or 9 c is checked give trust or employer's name</b><br>Name<br>Trade Name if any<br>P O Box Bldg Room No if any<br>Street<br>City<br>State ZIP Code + 4   | <b>11 a Nature of such dealing</b><br>Leases an employee from UA Plumbers & Pipefitters Local Union 295<br><b>11 b Approximate dollar value of such dealing</b> \$34 000<br><b>12 a Nature of interest held or income received</b><br>Reimburse fingerprint fee<br><b>12 b Amount</b> \$5 |

Name of Person Filing James Hildebrand

File Number U

## Part B Continuation Page

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## 8 Name and address of Business (including trade name if any)

Name Joint Apprentice Education Fund

Trade Name if any

P O Box Bldg Room No if any

Street 743 North Beach Street

City Daytona Beach

State FL ZIP Code + 4 32114-2279

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 11 a Nature of such dealing

Leases an employee from UA Plumbers & Pipefitters  
Local Union 295

11 b Approximate dollar value of such dealing

\$34 000

## 12 a Nature of interest held or income received

Reimburse postage for mailing documents to  
Department of Labor

12 b Amount

\$14

Name of Person Filing James Hildebrand

File Number U

## Part B Continuation Page

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## 8 Name and address of Business (including trade name if any)

Name Joint Apprentice Education Fund

Trade Name if any

P O Box Bldg Room No if any

Street 743 North Beach Street

City Daytona Beach

State FL

ZIP Code + 4 32114 2279

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

## 11 a Nature of such dealing

Leases an employee from UA Plumbers & Pipefitters  
Local Union 295

## 11 b Approximate dollar value of such dealing

\$34 000

## 12 a Nature of interest held or income received

Reimburse cost of purchasing two work boxes for  
apprentices

## 12 b Amount

\$400



Name of Person Filing James Hildebrand

File Number U

## Part B Continuation Page

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## 8 Name and address of Business (including trade name if any)

Name Joint Apprentice Education Fund

Trade Name if any

P O Box Bldg Room No if any

Street 743 North Beach Street

City Daytona Beach

State FL ZIP Code + 4 32114-2279

## 10 If 9 b or 9 c. is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 11 a Nature of such dealing

Leases an employee from UA Plumbers & Pipefitters  
Local Union 295

## 11 b Approximate dollar value of such dealing

\$34 000

## 12 a Nature of interest held or income received

Reimburse travel expenses to Michigan Instructor  
Training School

## 12 b Amount

\$333

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| Name of Person Filing James Hildebrand | File Number U |
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Part B Continuation Page

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| <b>8 Name and address of Business (including trade name if any)</b><br>Name Joint Apprentice Education Fund<br>Trade Name if any<br>P O Box Bldg Room No if any<br>Street 743 North Beach Street<br>City Daytona Beach<br>State FL ZIP Code + 4 32114 2279 | <b>9 Business deals with</b><br><input checked="" type="checkbox"/> a Labor Organization<br><input type="checkbox"/> b Trust<br><input type="checkbox"/> c Employer   |
| <b>10 If 9 b or 9 c is checked give trust or employer's name</b><br>Name<br>Trade Name if any<br>P O Box, Bldg Room No if any<br>Street<br>City<br>State ZIP Code + 4  | <b>11 a Nature of such dealing</b><br>Leases an employee from UA Plumbers & Pipefitters Local Union 295<br><b>11 b Approximate dollar value of such dealing</b> \$34 000<br><b>12 a Nature of interest held or income received</b><br>Reimburse expenses<br><b>12 b Amount</b> \$50 |